

## DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 23 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

28271

Registration District No.

309

Primary Registration District No.

4185

Registrar's No.

36

## 1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town Albany Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community lifetime 1 (Specify whether  
years, months or days)

3. (a) PRINT  
FULL NAMEFlora Bell Ogle

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex Female 5. Color or  
race White6. (a) Single, widowed, married,  
divorced Widowed6. (b) Name of husband or wife  
Arthur Thomas Ogle6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years7. Birth date of deceased April 18 1862  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

7944

hr.

min.

9. Birthplace Muscataine Co.  
(City, town, or county)Iowa 1  
(State or foreign country)10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Jeffrie Cox13. Birthplace Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name Lucy Vaughn15. Birthplace Unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant John Mc Namee(b) Address Amity, Missouri17. (a) Burial  
(Burial, cremation, or removal)(b) Date thereof Aug 25-41  
(Month) (Day) (Year)(c) Place: burial or cremation Highland Cemetery18. (a) Signature of funeral director Clifford Brooks(b) Address Albany, Mo.19. (a) Aug 23 '41  
(Date received local registrar)(b) W. F. Martin  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 038  
(c) City or town Albany  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22  
year 1941 hour 8 minute 30 P. M.21. I hereby certify that I attended the deceased from August  
19 41 to August 22 1941  
that I last saw her alive on August 22 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death.

Carcinoma lower  
Bowels.

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations noneOf autopsy none

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Months of injury 223. Signature S. O. Harding (M. D. or other) DO  
Address Albany Mo. Date signed 8/23/41

281 Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....me.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Chas. E. Brooke*

Licensed Embalmer No. 3329

P. O. Address Albany, Missouri

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**